

$\label{eq:continuity} Town\ of\ Lexington$ Recreation and Community Programs Department

Karen Simmons, CTRS, CPRP Director of Recreation and Community Programs

Community Service Volunteer Application

Tel: 781-698-4800

Fax: 781-861-2747

(This form must be completed **by the applicant.** Please print clearly or type.)

Volunteer opportunities are available with Recreation and Community Programs year-round. Positions available may include opportunities at the following: Lexington Community Center, Recreation and Community Programs office, summer sports clinics, youth tennis programs, aquatics facilities, youth leagues, ski programs, vacation clinics, or adaptive sports programs. The minimum age for applicants is 14 or in the ninth grade.

Application deadline: spring, March 1; summer, May 1; fall, September 1; winter, November 1. Name: _____ male ___ female ___ Address: _____ Phone: ______School: ______Grade: ____ DOB _____ Cell Phone: _____ Email: ____ Emergency Contact: Name: ______ Relationship: _____ Address: Home Phone: _____ Work Phone: _____ Applicant's Signature______ Date _____ Parent's Signature (required if applicant is under 18) When are you available? Start Date: _____ End Date: _____ Hours you are available: _____ How many hours a week? _____ What type of volunteer work are you interested in? ☐ Tax Write-off ☐ Youth Diversion ☐ School Community Service ☐ Other (general volunteering) What type of volunteer work do you want to do? Do you have a specific program in mind? Why do you want to be a volunteer?

What activities, civic groups, etc., are you involved in?			
Do you have some special skills to b	oring to a volunteer p	osition?	
Do you have First Aid, CPR, WSI A If yes, list certification(s) held with			
What interests/hobbies do you have?	?		
*************	*******	*******	*****
	Personal Reference	ees	
1			
2			
3			
(name)	(address)	(p	hone)
In 2002, the Commonwealth of Massachuse imposes several new requirements for all or years of age and younger. A Criminal Offe volunteers. Our goal is to comply with this we service. Please complete the attached C information is kept confidential and goes di ***********************************	ganizations and entities ender Record Information regulation and provide the ORI information sheet arrectly to the Director of I	engaged in providing s (CORI) check is requine safest possible envi and return it with your a Recreation and Comm	ervices to children 18 ired for all employees and ronment for the children application. All CORI unity Programs.
For office use only: Placement Location:	Suma		
	•	visor:	
Start Date: Total Hours Completed:	End I	Jaie	
Total Hours Completed.			
Responsibilities:			
Type of Volunteer Work	Contact	Phone #	Hours Required
Tax Work-off			
Community Service			
Youth Diversion			
Other (General Volunteer)			